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GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY

237 Coliseum Drive Macon, Georgia 31217-3858 (478)207-1620 www.sos.state.ga.us/plb/ot

${\bf REFERENCE-PROFESSIONAL}$

 $H:\label{lem:hamma} WPDOCS\ength{\mbox{Revised Forms \& Apps$14 - OT Prof Ref Form 02-07.docbz}}$

APPLICANT: Please have a certified, lic indicate the type of license you are seekin		upational Thera	pist complet	te this form. Print you	ır name and		
• •							
	Applicant: Do Not Write B	elow This Line					
PROFESSIONAL REFERENCE: This f completed form to the applicant. If you a include, on a separate sheet, the name, ad occupational therapy. Please Complete T	re an occupational ther dress, and telephone nu	apist licensed, ce mber of the agen	rtified or re icy that regi	gistered in another co	ountry, please		
Your Name:	Telephone Number:						
NBCOT Number: (Foreign therapist may submit their prac	License Number: tice credential)		State:	Current?	YES ☐ NO☐		
PLEASE COMPLETE <u>ONE</u> OF THE FOLLOWING STATEMENTS:							
					1		
	FOR OCCUPATION						
Under penalty of perjury, I declare and attest that I have direct and actual knowledge of Print OT Applicant's Name							
(hereinafter, applicant) and that I ha direct observations, I find the applica observed the OT applicant, to be com- evaluation of a client and planning ar applicant has competency in Occupa	ve known and observent to be honest, have apetent in the areas of and implementing appropriate the control of t	ed the applican integrity and b planning, dire	t within th e of good r cting, impl	e last 5 years and the moral character and ementing and super	nat based on my I that I have rvising the		
STATEMENT FOR	STATEMENT FOR OCCUPATIONAL THERAPY ASSISTANT APPLICANT:						
Under penalty of perjury, I declare a (hereinafter, applicant) and that I ha direct observations, I find the applica implementation of appropriate occup when needed.	ve known and observent, to be competent to	ed the applican o assist in the ev	t within th valuation o	Print OTA A e last 5 years and th of a client, in the eva	luation and		
I AM UNABLE TO SUBMIT A REFERI	ENCE FOR			(Print a	pplicant's Name)		
In the State of, County of			Reference	ce Signature			
Sworn to and subscribed before me this _	day of	, 20	Date				
Signature of Notary My commission expires:							

OF GFOOGLY

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indicate the type of license you are seeking.	pist complete this form. Print your name and				
NAME:(hereinafter applicant), \(\sum OT \subseteq OTA \) Applicant: Do Not Write Below This Line					
Applicant: Do Not Write Below This Line					
PROFESSIONAL REFERENCE: This form must be returned directly to the boat completed form to the applicant. If you are an occupational therapist licensed, ce include, on a separate sheet, the name, address, and telephone number of the agen occupational therapy. Please Complete The Following Information and sign below	rtified or registered in another country, please cy that regulates or oversees the practice of				
Your Name: T	elephone Number:				
Address:	City/State/Zip:				
NBCOT Number: License Number: (Foreign therapist may submit their practice credential)	State: Current? YES \square NO \square				
PLEASE COMPLETE <u>ONE</u> OF THE FOLLOWING STATEMENTS:					
STATEMENT FOR OCCUPATIONAL THER Under penalty of perjury, I declare and attest that I have direct and actua (hereinafter, applicant) and that I have known and observed the applican direct observations, I find the applicant to be honest, have integrity and b observed the OT applicant, to be competent in the areas of planning, direct evaluation of a client and planning and implementing appropriate occupa applicant has competency in Occupational Therapy.	Print OT Applicant's Name t within the last 5 years and that based on my e of good moral character and that I have cting, implementing and supervising the				
STATEMENT FOR <u>OCCUPATIONAL THERAPY</u>					
Under penalty of perjury, I declare and attest that I have direct and actual knowledge of Print OTA Applicant's Name					
(hereinafter, applicant) and that I have known and observed the applican direct observations, I find the applicant, to be competent to assist in the eximplementation of appropriate occupational therapy programs and to see when needed.	t within the last 5 years and that based on my valuation of a client, in the evaluation and				
(hereinafter, applicant) and that I have known and observed the applican direct observations, I find the applicant, to be competent to assist in the eximplementation of appropriate occupational therapy programs and to see	t within the last 5 years and that based on my valuation of a client, in the evaluation and				
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(hereinafter, applicant) and that I have known and observed the applicant direct observations, I find the applicant, to be competent to assist in the eximplementation of appropriate occupational therapy programs and to see when needed. I AM UNABLE TO SUBMIT A REFERENCE FOR	t within the last 5 years and that based on my valuation of a client, in the evaluation and k instruction/supervision from the supervisor (Print applicant's Name)				
(hereinafter, applicant) and that I have known and observed the applicant direct observations, I find the applicant, to be competent to assist in the eximplementation of appropriate occupational therapy programs and to see when needed. I AM UNABLE TO SUBMIT A REFERENCE FOR	t within the last 5 years and that based on my valuation of a client, in the evaluation and k instruction/supervision from the supervisor				